

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number (1) - <u>12000</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>PETER</u> <u>THOMASSEN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>395 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NY</u> ZIP Code + 4 <u>10014 4</u>	4. Name, file number, and address of labor organization. Name <u>NYC DISTRICT COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>032922</u> P.O. Box, Building and Room Number, if any _____ Street <u>395 HUDSON STREET</u> City <u>NEW YORK CITY</u> State <u>NY</u> ZIP Code + 4 <u>10014 4</u>
5. Position in labor organization. <u>PRESIDENT</u>	

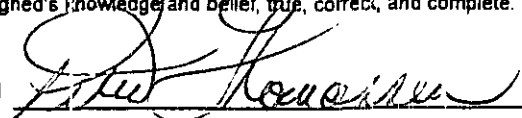
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>WALL &amp; CEILING ASSOCIATION</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>76 NORTH GRADUARY</u> City <u>HICKSVILLE</u> State <u>NY</u> ZIP Code + 4 <u>11801</u>	7. a. Nature of Interest, Transaction, or Income. <u>VARIOUS MEETINGS WITH THE ASSOCIATION TO DISCUSS WAYS AND MEANS TO ADVANCE THE INDUSTRY. - SEE ATTACHED -</u> 7. b. Amount. <u>\$331.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-15-05

Date

Telephone Number

## Part B

Name of Reporting Employer: <b>Industry Promotional Fund for the</b> <b>Wall-Ceiling &amp; Carpentry Industry</b>	File Number E-
--	----------------

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
---	--	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state) <b>President</b>
9.b. Name and address of person with whom, or through whom a separate agreement was made or to whom payments were made.  Name <b>Peter Thomassen</b>  P.O. Box, Building and Room Number, if any Street <b>395 Hudson Street</b> City <b>New York</b> State <b>NY</b> ZIP Code + 4 <b>10014</b>		9.d. Name and address of firm or labor organization with whom employed or affiliated.  Organization <b>NYC District Council of Carpenters</b>  P.O. Box, Building and Room Number, if any Street <b>Same</b> City State ZIP Code + 4
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.  <b>See 11A</b>		10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both ("Written agreements entered into during the fiscal year must be attached.")
11.a. Date of each payment or expenditure (mm/dd/yyyy).  <b>08/01/04</b> <b>07/31/04</b> <b>12/03/04</b> <b>11/13/04</b>	11.b. Amount of each payment or expenditure  <b>155.00</b> <b>85.00</b> <b>86.00</b> <b>175.00</b>	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)  <b>Siros, NY Dinner</b> <b>Winebar, NY</b> <b>TPC, Louisiana Lunch</b> <b>El Teide, P.R. Dinner</b>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

**An annual event at which labor and management meet to discuss ways and means to advance the industry.**